PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

Please type a plus sign (+) inside this box

Patent and Trademark Office: U S DEPARTMENT OF COMMERCE

UTILITY **PATENT APPLICATION TRANSMITTAL**

Signature

Attorney Docket No. PC8626CMAS First Named Inventor or Application Identifier William J. Curatolo et al. Title Controlled Release Dosage Forms of Azithromycin Express Mail Label No. EL709320981US

(Only for new n	nonprovisional applications under 37C F R §1 53(b))	ail Label	No.	S NO	<u> </u>						
See MPEP c	APPLICATION ELEMENTS hapter 600 concerning utility patent application of	ontents.	Assistant Commissioner for Paterits ADDRESS TO: Box Patent Application Washington, DC 20231								
1. \(\sum_{\text{\tint{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\text{\tinit}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\text{\text{\tinit}}\\ \text{\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\text{\text{\tinit}\\ \text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}}\\ \text{\tinithtt{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\tinit}\}\text{\text{\text{\text{\tinit}}\text{\text{\text{\tinithtet{\text{\text{\text{\texi}\tint{\text{\ti}\tint{\text{\text{\texi}\text{\texi}\text{\text{\text{\text{\ti}\}\tittt{\text{\texi}\text{\tinithtet{\text{\text{\text{\	*Fee Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee processing Specification [Total Pages (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Application - Statement Regarding Fed sponsored Ferrence in Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filest) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 11.3)[Total sheets) Oath or Declaration [Total pages]	99] ons &D	6. [7. N	Microfiche Nucleotide and/o if applicable, all i a. Co b. Pa c. Sta ACCOMPA Assignmen 37 C F.R §3 (when then English Tra Information Statement	Box Pater Washingt Computer Program Amino Acid Semecessary) Imputer Readable per Copy (identicatement verifying ANYING APPL at Papers (cover 1873(b) Statement is an assignee	nt Application on, DC 20231 ram (Appendix) quence Submission e Copy cal to computer copy) identity of above copies ICATION PARTS sheet & document(s)) t Power of Attorn) ent (if applicable) Copies of IDS	ney				
copy of conside	a. Newly executed (original or copy) b. Copy from a prior application (37 (\$1.63(d)) (for continuation/divisional with Box 17 [Note Box 5 below] i. DELETION OF INVENT Signed statement attached deletir inventor(s) named in the prior app see 37 C.F.R. §§1.63(d)(2) and 1. Incorporation By Reference (useable if Box tire disclosure of the prior application, from f the oath or declaration is supplied under the cered to be part of the disclosure of the accidion and is hereby incorporated by reference	COR(S) Ig Ilication, 33(b). 4b is checked) which a 30x 4b, is ompanying	13. [14. [15. [(Should be *Small Enti Statement((PTO/SB/0 Certified Co (if foreign p	s) Statu 9-12) opy of Priority Do <i>riority is claimed</i> Priority Claim	nized) sement filed in prior applica us still proper and desired ocument(s)	ation,				
*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:											
Continuation Divisional Continuation-in-part (CIP) of prior application No: <u>09/ 577, 059</u> Prior application information: ExaminerNot Yet Known Group/Art Unit: 1615											
	18.	CORRESP	ONDE	NCE ADDRES	S						
Custom	(Insert Custor	ner No. or Attac	h bar coc	le label here)	or Correspo	ondence address below					
 	T				- K Z courespe						
Name	Gregg C. Benson										
Address	Pfizer Inc.										
Address	Patent Department, MS 4159, Eastern Po				T	1					
City	<u> </u>	State	CT		Zip Code	06340					
Country		phone		60)-441-4901	Fax	1-(860)-441-5221	T				
(NAM	E (Print/type) Michelle A. Sherwood	1.	Registra	t ion No . (Attorn	ey/Agent)	36, 271	1				

UTILITY TRANSMITTAL PTO SB 05, 9/99, (1/1)

March 9, 2001

Date 3/9/01

			OMB 005	4 0000 B-4-		oproved for use the			
	OMB 0651-0032 Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE Complete if Known								
FEE TRANSMITTAL	Application Number Not Yet Known								
	Filing Date				March 9, 2001				
Patent fees are subject to annual revision on October 1. These are the fees effective October 1,. 2000.	First Named Inventor				William J. Curatolo et al.				
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name				Not Yet Known				
See 37 C.F.R. §§ 1.27 and 1.28. Total Amount of Payment (\$)2364.00	Group/Art Unit				Not Yet Known PC8626CMAS				
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)								
The commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES Large Entity Small Entity								
Deposit	Fee								
Account 16-1445 Number	Code	(\$)	Code	(\$)	Fee Descriptio	n i	ee Paid		
Deposit Account Name Pfizer Inc.	105	130	205	65	Surcharge – late fee or	oath			
☐ Charge Any Additional ☐ Charge the Issue Fee Set in	127	50	227	25	Surcharge-late provision cover sheet	nal filing fee or			
37 Fee Required Under 37 C.F.R. § 1.1.8 at the Mailing	139	130	139	130	Non-English specificatio	n			
C.F.R. §§ 1.1.6 and 1.17. of the Notice of Allowance	147	2,520	147	2,520	For filing a request for re	eexamination			
2. Payment Enclosed:	112	920*	112	920*	Requesting publication of				
Payment Enclosed: Check Money Order Other	113	1,840*	113	1,840*	Examiner action Requesting publication of Examiner action	of SIR after			
FEE CALCULATION	115	110	215	55	Extension for reply withi	n first month			
* BASIC FILING FEE	116	390	216	195	Extension for reply within month	n second			
Large Entity Small Entity	117	890	217	445	Extension for reply within	n third month			
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	118	1,390	218	695	Extension for reply within	n fourth month			
701 710 201 355 Utility filing fee 710	128	1,890	228	945	Extension for reply within	n fifth month			
T06 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal				
407 490 207 245 Plant filing fee	120 121	310 270	220 221	155 135	Filing a brief in support of				
108 710 208 355 Reissue filing fee 114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Request for oral hearing Petition to institute a pub.				
SUBTOTAL (1) (\$) 710.00	140	110	240	55	proceeding Petition to revive - unavo				
2. EXTRA CLAIM FEES	141	1,240	241	620	Petition to revive - unintentional				
Extra Fee from	142	1,240	242	620	Utility issue fee (or reiss				
Claims below Fee Paid	172	1,240	272	020	Culty loads fee (of felos	uo,			
Total Claims 73 -20**= 53 X 18 = 954	143	440	243	220	Design issue fee				
Independent	144	600	244		Plant issue fee				
Multiple Dependent 270 = 270	122	130	122	130	Petitions to the Commiss	sioner			
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	123	50	123	50	Petitions related to provi applications	sional			
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	240	126	240	Submission of Information Statement				
103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent a property (times number of	of properties)			
102 80 202 40 Independent claims in excess of 3	146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))				
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	For each additional inversexamined (37 CFR 1 129				
109 80 209 40 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and	i	er Fee (specify) er Fee (specify)							
over original patent				Dard	SUBTOTAL (2) (A)				
(1) 1001100	Reduced	d by Basic	rung re	c raiu	SUBTOTAL (3) (\$) 0				
SUBMITTED BY Type or Printed Name Michelle A. Sherwood					Complete (if Applicable)				
	Date , (March 9, 2001			1	Reg Number 36,271 Deposit Account 16-1445				
Signature Muhwa A Shewron	3/9/ U	: 1			User ID				